

CHAPTER 11:

Risk Reduction

Risk reduction activities cover a range of educational, cognitive-behavioral, and skills-building interventions. The Demonstration Program considered risk reduction as an intervention designed to diminish maladaptive behaviors and promote a healthy lifestyle. Risk reduction activities can be delivered via both individual and group modalities at any time during the intervention process. Risk reduction interventions may be implemented in locations where persons with HIV are served.

FACTORS AND BEHAVIORS

The 11 Demonstration projects identified several factors and behaviors that may negatively affect the health and well being of people living with HIV. For example:

- **Engaging in unprotected sex.** Re-infection often results in the introduction of new strains of HIV. Persons are especially vulnerable to other sexually transmitted diseases and hepatitis.
- **Use of alcohol and other drugs.** The use of alcohol and drugs reduces inhibitions and increases the likelihood of engaging in unsafe sexual activities. Their use can further impair the immune system and can adversely interact with HIV medications. Sharing of hypodermic needles can re-infect and spread HIV as well.
- **Lack of medication adherence.** HIV medications must be taken as prescribed to have maximum benefit. The lack of strict adherence to antiretroviral medications can lead to ineffective treatment and the potential to produce drug-resistant strains of HIV. Although medication regimens often are difficult to follow, clients need to understand the importance of observing a strict dietary routine and medication schedule—largely because treatment adherence is strongly associated with survival. Other medications, including psychotropic drugs, often are essential in helping persons adhere to HIV medication regimens.
- **Poor nutrition.** It is important that persons with HIV pay close attention to nutritional guidelines. Optimum absorption of HIV medications depends upon following these guidelines. Proper nutrition is necessary to avoid HIV-related wasting syndrome and to enhance one's ability to cope with a compromised immune system.
- **Untreated medical conditions.** Persons with HIV frequently have co-occurring medical conditions. Chronic illnesses, such as diabetes, liver and renal disease, and cancers must be treated aggressively, and adherence with medical regimens must be monitored.
- **Untreated emotional distress.** A range of psychological or emotional disorders frequently interfere with an individual's ability to actively manage HIV. It can interfere with medication adherence, the client's ability to keep appointments, the client's judgement, and one's ability to assume responsibility for his/her behavior.
- **Homelessness.** Without stable housing, all other therapies and treatment interventions can be seriously compromised. Lack of housing can exacerbate co-occurring disorders or other problems with mental health, substance abuse, and HIV infection.
- **Lack of a strong sense of self worth.** Poor self-image can be one of the greatest barriers to the cultivation of healthier habits.

promoting healthier behaviors

IMPLEMENTING RISK REDUCTION ACTIVITIES

Clinicians can employ a range of techniques to teach persons with HIV risk reduction practices. The process of immunizing clients against high-risk behaviors can be woven into the treatment process by providing information, teaching skill-building techniques, and offering self-esteem enhancing activities.

First and foremost, persons with HIV must be made aware of high-risk activities and how certain behaviors can jeopardize one's health. This can be accomplished through didactic seminars, written materials, and individual and group therapy sessions. It is essential that a curriculum be developed that covers behaviors associated with increasing or decreasing risk.

Information by itself, however, is not sufficient. Clients may not have the motivation or self-esteem to engage in preventive activities. Skill enhancement concerning assertive behaviors can be taught effectively. Insisting on condom use, negotiating other safe sex practices, and saying no to drugs and alcohol under peer pressure can all be taught in skill-building or assertiveness training workshops.

Methods of promoting healthier behaviors and improving physical, emotional, and spiritual health include:

- Involvement in support groups focused on HIV-related medical conditions
- Close monitoring of people with advanced HIV infection
- Access to prenatal care
- Tools to enhance medication adherence
- Taking a more active role in one's health care
- Linkage with medical treatment advocates

OTHER CONSIDERATIONS

Many service providers may need education and training to increase their knowledge and understanding of risk reduction activities and the potential benefits for the clients they serve. In addition, an awareness of cultural practices is necessary to help negotiate risk reduction behaviors. For example, women of different cultures and socioeconomic groups have varying degrees of power in heterosexual relationships, which may affect their ability to insist upon safer sexual practices. It also helps to know how different cultural groups manage and interpret different social contexts. For example, poor, gay Latino immigrants sometimes use class markers (e.g., how well someone is dressed, what kind of job someone has) as part of their decision-making around sexual risk-taking (Ayala & Diaz, 1997).

Knowledge of the specific dynamics of relationships among various cultural groups and the kinds of attributions individuals may make regarding class, race, and power can assist clinicians in their efforts to assist clients in adopting healthier behaviors.